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13281 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to:
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.

DEVO3003/JEK

First Named Inventor
(or identifier)

Bruno DEVOS

Total Pages

46

17548 U.S. PTO
10/697093

103103

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: A DISPLAY PIXEL MODULE FOR USE IN A CONFIGURABLE LARGE-
SCREEN DISPLAY APPLICATION AND DISPLAY WITH SUCH PIXEL
MODULES

- ☒ 1. Submitted herewith are the following:
- 23 pages of specification.
 - 1 Abstract.
 - 5 sheet(s) of drawings.
 - 17 claim(s).
 - ☒ Oath/Declaration signed by each inventor.
 - ☒ Application Data Sheet.
 - ☒ Preliminary Amendment.
 - 0 Information Disclosure Statement(s).
 - 0 pages of Form PTO-1449, and one copy of each document listed thereon.
 - ☒ Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.
 - 0 certified copy of application no. _____ filed in _____. Priority is claimed.
 - ☒ check in the amount of \$ 810.00 including any assignment recordal fee.
- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- ☐ 6. Other: _____

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00
Total Claims:	17	- 20 =	0	X \$18 =	
Independent Claims:	1	- 3 =	0	X \$86 =	
Correspondence Address: 23364 Customer Number				Multiple Dependent Claim (add \$290.00):	
				Subtotal:	\$770.00
				50% Reduction if Small Entity Status:	
Phone: 703-683-0500 Fax: 703-683-1080				Total:	\$770.00
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